

STATE BAR LABOR & EMPLOYMENT SECTION

GRANT PROPOSAL COVER SHEET

Date: _____

Organization: _____

Project Name (If different): _____

Address: _____

Contact: _____ Email: _____

Day Phone: _____ Eve Phone: _____

Organization Website: _____

Geographical Area Served: _____

Project Operating Budget: _____ Organization Operating Budget: _____

Current Organization Funding Sources: _____

Amount Requested: _____

Purpose of Requested Funds: _____
